

IRREVOCABLE ASSIGNMENT AND POWER OF ATTORNEY BENEFICIARY

FOR VALUE RECEIVED, the undersigned beneficiary or the person otherwise equitable or legally entitled to the benefits under the policy described herein, hereby irrevocably assigns, sets over, and transfers to Nabors Family Funeral Home 470 W. 172nd Street Thornton, IL 60476 hereinafter "Funeral Home", its successors and assigns the sum of:

AMOUNT: _____ and _____/100 (\$ _____)

Plus any and all interest on said sum paid by the insurance company from the benefits of the insurance policy(ies) numbered as:

POLICY NUMBER(S) _____ and is issued by

INSURANCE COMPANY: _____ "insurance company"

The consideration for this irrevocable assignment is the Funeral Home rendering funeral services with respect to:

DECEASED: _____, who is insured of said policy, which services have been specifically ordered and accepted by me/us and/or additional monies advanced to me/us for my/our personal benefit. The undersigned hereby irrevocably authorizes and directs the herein described insurance company to make payment of the sum specified herein to the Funeral Home or its assigns or its order, and irrevocably authorizes said insurance company to give the Funeral Home or its assigns any information that it may require regarding said policy.

The undersigned hereby irrevocably appoints the Funeral Home or its assigns as my/our Attorney-in-Fact to act for me/us with full power to make collection of, execute claim forms and other documents, compromise, settle and receipt for the proceeds of said policy in my/our names or otherwise with authority to endorse checks as fully as I/we myself/ourselves could do, with full power of substitution and revocation hereby ratifying and confirming all that my/our attorneys or their substitutes may do or cause to be done by virtue hereof. I/We further request and irrevocably authorize said insurance company to notify the Funeral Home or its assigns so that it may present when payment of the said insurance policy is made.

This assignment shall not relieve me/us of the responsibility for payment in the event that the insurance company does not pay the proceeds described above to the Funeral Home or its assigns. In the event that any payments or proceeds are made to me/us under the above described policy subsequent to the execution of this Assignment, such proceeds shall be held in trust by me/us for the use of the Funeral Home and/or its assigns. In the event that the insurance company settlement amount on the policy(ies) is less than the amount of this Assignment, I/We agree to pay the deficit to the funeral home and/or its assigns upon request to pay. The undersigned hereby grants the funeral home, and any of its successors and assigns, permission to obtain all privacy act information requested by them to process all insurance claims hereunder. The undersigned certifies that they are each over the age of eighteen years and not under a legal incapacity. The undersigned agrees to pay all costs of collection, including reasonable attorneys' fees, whether suit be brought or not. I/We agree that Illinois law shall apply to this assignment and herewith submit to the jurisdiction of the Illinois Courts and agree that the venue shall be the Circuit Court of Saline County, Illinois. The parties agree that facsimiles shall be treated as original for all purposes between the parties.

IN WITNESS WHEREOF, I/we hereunto set our hands and seals this _____ day of _____, 20____.

Witness:

Printed Name of Beneficiary _____

Signature of Beneficiary _____

Social Security #: _____

Date of Birth: _____

Relationship: _____

Address: _____

City, State, Zip: _____

Phone: _____

State of: _____

County of: _____

Sworn to and subscribed before me this _____ day of _____, 20____.

My commission Expires: _____

NOTARY PUBLIC: _____

REASSIGNMENT OF PROCEEDS TO CHASE NATIONAL CORP.

FOR VALUE RECEIVED, THE UNDERSIGNED, does hereby irrevocably assign, transfer, convey, and set over to CHASE NATIONAL CORP an Illinois Corporation, 105 S. Commercial, Ste. #2 Harrisburg, Illinois 62946, its successors and assigns, all of its rights, title and interest in and to those assignments.

AMOUNT: _____ and _____/100 (\$ _____)

From the benefits of the insurance policy(ies) numbered as :Policy Number(s): _____ and issued by Insurance Company: _____ "insurance company" and do hereby direct that payment be made to CHASE

NATIONAL CORP and ratify all that CHASE NATIONAL CORP may do in the premises. The undersigned irrevocably appoints CHASE NATIONAL CORP or its assigns, as its attorney-in-fact to act for it with full power to make collection of, compromise, settle, and receipt for the proceeds of said policies or certificates and the authority to endorse checks as fully as it could do, with full power of substitution. The undersigned guaranty to CHASE NATIONAL CORP that, in the event payment is not received by CHASE NATIONAL CORP within 90 days from the date of this assignment, then and in that event the undersigned, upon demand, shall reimburse CHASE NATIONAL CORP the full amount assigned. The undersigned agrees to pay all costs of collection, including reasonable attorneys' fees, whether suit be brought or not. I/we agree that Illinois law shall apply to this assignment and herewith submit to the jurisdiction of the Illinois Courts and agree the venue shall be the Circuit Court of Saline County, Illinois. The parties agree that facsimiles shall be treated as original for all purposes between the parties.

IN WITNESS WHEREOF, we have hereunto set our hands and seal this _____ day of _____, 20____.

Funeral Home: Nabors Family Funeral Home

Address: 470 West 172nd Street

City, State, Zip: Thornton, IL 60476

REASSIGNMENT PAYABLE TO:

CHASE NATIONAL CORP

105 S. Commercial St., Suite 2

Harrisburg, IL 62946

BY: _____

Proprietor/Partner/Officer

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20____.

My Commission Expires: _____

NOTARY PUBLIC: _____

LOST POLICY AFFIDAVIT

STATE OF _____

ss.

COUNTY OF _____

STATEMENT OF BENEFICIARY

I, the undersigned, certify that I am the beneficiary of Policy Number(s)

_____ issued by

_____ Insurance Company.

That I am the sole beneficiary of said policy, and believe it to be totally lost. Therefore, I request the above Insurance Company honor the enclosed claim submitted. If said policy(ies) would be found, they would be forwarded to said Insurance Company.

I herewith agree to protect, indemnify and hold harmless the above Insurance Company from any liability it may incur by virtue of this Lost Policy Affidavit. The parties agree that facsimile signature shall be treated as original signatures for all purposes for transactions between the parties.

Beneficiary

Beneficiary

Relationship

Relationship

Witness _____

Witness _____

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20____.

Notary Public

**PRIVACY ACT AUTHORIZATION AND
AUTHORIZATION AND DIRECTION TO GIVE OUT INFORMATION**

THIS COMPLIES WITH HIPAA LAW & REGULATIONS

Insurance Company: _____
Deceased: _____
Policy Number(s): _____

TO WHOM IT MAY CONCERN:

UPON PRESENTATION OF THIS FORM OR A PHOTOSTATIC COPY THEREOF OR A FACSIMILE THEREOF WHICH IS AS VALID AS THE ORIGINAL, YOU ARE AUTHORIZED AND DIRECTED TO DISCLOSE TO CHASE NATIONAL CORP. OR ITS REPRESENTATIVES, OR TO GIVE AS EVIDENCE IN ANY LEGAL PROCEEDING TO WHICH SAID COMPANY IS A PARTY, ANY RECORD, POLICY INFORMATION, KNOWLEDGE OR BELIEF YOU MAY HAVE RELATING TO THE EMPLOYMENT, MEMBERSHIP, HEALTH, MEDICAL, PSYCHIATRIC OR SURGICAL HISTORY, TREATMENT, OR HOSPITALIZATION, OR CAUSE OF DEATH INCLUDING ANY AUTOPSY REPORT PERTAINING TO THE NAMED DECEASED. TO FACILITATE RAPID SUBMISSION OF SUCH INFORMATION, YOU ARE AUTHORIZED TO GIVE SUCH RECORDS OR KNOWLEDGE TO ANY AGENCY EMPLOYED BY THE INSURANCE COMPANY TO COLLECT AND TRANSMIT SUCH INFORMATION.

THIS AUTHORIZATION AND DIRECTION TO PROVIDE INFORMATION IS INTENDED TO APPLY TO ALL INFORMATION WITH RESPECT TO THE DECEDENT AND/OR THE BENEFICIARY OR BENEFICIARIES.

THE UNDERSIGNED HEREWITH RELEASES THE EMPLOYER AND/OR INSURANCE COMPANY FROM ANY AND ALL LIABILITY FOR INFORMATION RELEASED.

IN WITNESS WHEREOF, we have hereunto set our hands and seals this ___day of _____, 20__.

PRINTED NAME OF CLAIMANT

BENEFICIARY/CLAIMANT SIGNATURE

SWORN TO AND SUBSCRIBED before me this ___day of _____, 20__.

Notary Public

My Commission Expires:

PLEASE MAKE CERTAIN ALL PAPERWORK IS SIGNED AND NOTARIZED WHERE
REQUIRED
CHECKLIST FOR APPROVAL

FAX TO: CHASE NATIONAL CORP.
FAX #: 618-252-2226
PHONE #: 800-589-3863

We will need the following original documents in order to process your claim.

1. IRREVOCABLE ASSIGNMENT - BENEFICIARY/REASSIGNMENT OF PROCEEDS
2. INSURANCE COMPANY CLAIM FORM (IF REQUIRED)
3. ORIGINAL POLICY OR LOST POLICY (IF ORIGINAL IS NOT SURRENDERED)
4. CERTIFIED DEATH CERTIFICATE
5. COPY OF FUNERAL BILL
6. COPY OF ID FOR ALL BENEFICIARIES

PRE-APPROVAL FOR NABORS FAMILY FUNERAL HOME

DECEASED INFORMATION

Name / Marital Status: _____

Social Security: _____

Address of Deceased: _____

Date of Birth: _____ Date of Death: _____

Place of Death: City: _____ County: _____

Cause of Death: Natural Accidental Homicide Suicide

DUI/ALCOHOL DUI/OTHER

INSURANCE

Company Name: _____

Policy Number(s): _____

Amount to be assigned: _____

Company Name: _____

Policy Number(s): _____

Amount to be assigned: _____

Company Name: _____

Policy Number(s): _____

Amount to be assigned: _____